

taking part and learning how to organise such a trip can prove invaluable and diversifies our training experience.

**Methods:** A strong emphasis on the multidisciplinary aspect of Cleft Lip and Palate surgery is paramount. Under the guidance of Emeritus Professor ST Lee of the Singapore General Hospital Plastic Surgery Department, we describe the process of starting up a mission trip to Hainan, China. The involvement of health professionals including Plastic Surgeons, Anaesthetists, Orthodontists and Speech and Language Therapists are key to a successful mission trip.

**Results:** Having participated in two consecutive years, each yearly mission trip was a success. In total, 46 patients were screened and 31 of those (ages 4 months to 27 years of age) were operated on. A total of 19 patients were referred for Speech and Language therapy. A total of 7 patients had dental procedures done.

**Conclusion:** As a trainee, I believe that such trips provide a learning opportunity to work in an environment different from that in the UK. It also concentrates learning and broadens our exposure to Cleft Lip and Palate Surgery.

#### 1204: TRAINING OPPORTUNITIES FOR CORE TRAINEES IN OPEN ELECTIVE INGUINAL HERNIA REPAIR – A FOUR-YEAR EXPERIENCE FROM DISTRICT GENERAL HOSPITAL

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**Aim:** The aim of this study is to investigate current trends in the provision of training opportunities for open elective inguinal hernia repair following the implementation of EWTD.

**Methods:** We conducted a retrospective study on 569 consecutive open and laparoscopic inguinal hernia repairs between 2007 and 2011. We retrieved the relevant details from theatre registers and cross-checked the data retrieved with logbooks of Core Trainees where possible.

**Results:** Overall numbers of open inguinal hernia repairs performed had decreased from 184 in 2007 to 120 in 2011 with a mean percentage decrease of 13% per year. The proportion of laparoscopic hernia repairs performed increased significantly over the last four years (18% vs 38%, Chi-square test;  $p < 0.01$ ). The proportion of open inguinal hernia repairs attended by Senior House Officer (SHO) grade decreased significantly between 2008 and 2011 (51% vs 24%, Chi-square test;  $p < 0.01$ ). In particular, there were no significant differences in the attendance of Core Trainees as compared to non-trainee grade SHOs.

**Conclusion:** The reduction in overall case volume and increase in laparoscopic repairs further diminished training opportunities for Core Trainees in open elective inguinal hernia repair. Targeted theatre attendance might reduce missed training opportunities in the era of EWTD.

#### 1207: SPORTS HERNIAS – OPERATION TO FULL RECOVERY IN 2 WEEK WITH NEW TECHNIQUE MR K. THIRUPATHY, MR. P. LYON, MR S.J SNOOKS, DEPARTMENT OF SURGERY, KING GEORGE HOSPITAL, ILFORD, LONDON

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**Introduction:** Inguinal sports hernias affect 5–28% of athletes disrupting their livelihood. It is characterised by a weakness of the transversalis fascia. Many methods exist to repair these hernias using open and laparoscopic techniques. We present our series using an open hernia repair technique using, with a self adhesive mesh versus open repair with a non adhesive mesh.

**Methods:** Four hundred and sixty professional male athletes noted clinically and confirmed radiologically to have groin hernias were operated on between 2005–2010, with 70% having bilateral repairs. 202 Patients had open hernia repair – a non-adhesive mesh, 256 patients had open repair with a self adhesive mesh (pro-grip mesh, Covidian). Patients were seen 1 weeks post operatively by the operating surgeon and then by team medics.

**Results:** Open technique with placement of the pro-grip mesh could be performed through a small incision 3cm VS 5cm. Athletes were able to return to team normal sporting activity at 2 weeks.

**Conclusion:** Open technique using a pro-grip mesh has a far superior outcome as patients required a smaller incision and less tissue dissection. With this technique Athletes had a faster return to training and full sporting duties compared to conventional techniques.

## TRANSPLANT SURGERY

### 0002: EFFICACY OF TRANS VERSUS ABDOMINIS PLANE BLOCK IN LAPAROSCOPIC LIVE DONOR NEPHRECTOMY – A SINGLE CENTRE EXPERIENCE

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**Aims:** Post-operative wound pain is a disincentive to potential live kidney donors. The transverse abdominis plane (TAP) block is a technique where the local anaesthetic agent is given to block the afferent nerves of the abdominal wall. The aim of this study was to determine the effectiveness of pre-operative transverse abdominis plane blocks on post-operative pain after laparoscopic live donor nephrectomy (LLDN).

**Methods:** A consecutive series of 50 patients receiving TAP block prior to LLDN were compared to a historical control group of 50 patients who had no TAP block.

**Results:** Patients in the TAP group required significantly less post-operative morphine ( $22.8 \pm 29.2$  mg) versus ( $57.4 \pm 31.7$  mg);  $P < 0.0001$ , oral analgesics and anti-emetics compared to the control group. Similarly TAP group discontinued their PCAS quicker than patients in the control group ( $1.27 \pm 0.59$ ) days versus ( $1.88 \pm 0.65$ ) days;  $P < 0.0001$ . Post-operative pain scores ( $P < 0.0001$ ) and sedation scores ( $P < 0.0001$ ) were lower in TAP block group compared with controls. The length of hospital stay was lower in TAP than the control group ( $4.3 \pm 1.10$ ) days versus ( $5.14 \pm 1.12$ ) days respectively;  $P = < 0.0034$ .

**Conclusion:** The transversus abdominis plane block provides a safe and highly effective form of post-operative analgesia in patients undergoing laparoscopic donor nephrectomy.

### 0015: EARLY REMOVAL OF URETERIC STENTS AND ITS IMPACT ON REDUCING THE URINARY INFECTION IN RENAL TRANSPLANTATION – A SINGLE CENTRE EXPERIENCE

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**Aims:** Urological complications, in particular urinary tract infection (UTI) are common, debilitating and affect graft survival, increases morbidity. The study was aimed to assess early removal of ureteric stent and its impact on the incidence of UTI, major urological complications (MUC), graft function and rejection episodes.

**Methods:** The study was carried retrospectively on 127 consecutive renal transplant recipients from 2007–2009 with 1 year follow-up. Among 127 recipients, 48 of them had stent removal on day 5 while remaining 79 had them removed at 4–6 weeks after transplantation with flexible cystoscope.

**Results:** The 127 consecutive renal transplant recipients are included in this study (live donor:  $n = 85$  and cadaveric:  $n = 42$ ). All recipients were grouped in two arms based on either early (ESR) or late US removal (LSR). The incidence of UTI at 3 months after transplant between ESR and LSR groups were 12/48 (25%) and 35/79 (44%) respectively;  $P = 0.03$ . The incidence of MUC in ESR is 2/48 (4%) while in LSR groups is 6/79 (7%);  $P = 1.0$ .

**Conclusions:** The ESR significantly reduces the risk of UTIs in renal transplant patients with no associated increase in MUC in addition to patient avoiding a further procedure for ureteric stent removal.

### 0692: TACROLIMUS PRELOADING IN RENAL TRANSPLANTATION FROM LIVE DONORS

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**Aim:** To report the outcomes of renal transplantation from live donors (LD) in patients receiving pre-transplant Tacrolimus (TAC) loading in a single transplant unit.

**Methods:** A retrospective analysis was performed of LD renal transplants between July 2008–2010. Patients were preloaded with TAC prior to transplantation ( $0.05$  mg/kg twice daily), beginning 4 days pre-operatively. TAC levels were measured pre-operatively (day 0) and target range was 8–10 ng/ml. Patient and graft outcomes were analysed using standard statistical methods.

**Results:** In the cohort ( $n = 81$ ) the mean (SD) day 0 TAC level was  $10.5$  ( $\pm 7.0$ ). 3 patients had delayed graft function (DGF, day 0 TAC levels of 3.9, 7